



STATE OF TENNESSEE  
DEPARTMENT OF MENTAL HEALTH

**ANNOUNCEMENT OF FUNDING  
FOR  
HUMAN IMMUNODEFICIENCY VIRUS  
EARLY INTERVENTION SERVICES  
(HIV EIS)**

FOR TENNESSEE FISCAL YEAR 2013  
JULY 1, 2012 - JUNE 30, 2013

Released by the  
Tennessee Department of Mental Health  
Division of Alcohol and Drug Abuse Services

Term of Services: July 1, 2012 to June 30, 2013

Key Due Dates  
And Times: Proposals due by February 13, 2012, 4:00 PM Central Time  
(CT)  
(See Section 1.2. for other due dates and times)

Submitted To: Tennessee Department of Mental Health  
Division of Alcohol and Drug Abuse Services  
ATTN: HIV EIS Announcement of Funding  
Andrew Johnson Tower, 10<sup>th</sup> Floor  
710 James Robertson Parkway  
Nashville, TN 37243

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TENNESSEE DEPARTMENT OF MENTAL HEALTH  
Division of Alcohol and Drug Abuse Services  
Announcement of Funding  
Human Immunodeficiency Virus Early Intervention Services (HIV EIS)  
January 2012

The Tennessee Department of Mental Health (TDMH), Division of Alcohol and Drug Abuse Services (the “State”) is requesting proposals from Community Alcohol and Drug Abuse Treatment Providers interested in providing Human Immunodeficiency Virus Early Intervention Services (HIV EIS) in Tennessee as described in the Intended Scope of Services. (Attachment D)

**1. GENERAL CONDITIONS**

**1.1. Funding Information**

1.1.1. **Type of Funding:** State of Tennessee Grant Contract Funds

1.1.2. **Funding Amount:** State of Tennessee Grant Contracts (hereinafter Grant Contract) may be available to eligible proposers in amounts based on the distribution of funds through the Substance Abuse and Mental Health Services Administration, Substance Abuse Prevention and Treatment (SAPT) Block Grant (BG) for the State of Tennessee. The amount for each Grant Contract may be up to Two Hundred Five Thousand Seven Hundred Sixty-Six Dollars (\$205,766.00) and the total amount of the program funds shall not exceed five percent (5%) of the Federal SAPT BG. As required by Federal regulation, five percent (5%) of the SAPT BG will be distributed to areas of Tennessee most in need.

1.1.3. **Project Period:** July 1, 2012 through June 30, 2013. If funds are available, there may be additional periods.

1.1.4. **Allocations:** Funding allocations will be made on the basis of how well a Proposer addresses guidelines and criteria of this Announcement of Funding (hereinafter Announcement) and the State’s need to establish HIV EIS in areas of Tennessee most in need. As required by Federal regulation, five percent (5%) of the SAPT BG will be distributed to areas of Tennessee most in need.

1.1.5. **Coverage Area:** One (1) Grant Contract may be issued for each of Tennessee’s seven (7) Mental Health Planning Regions as follows:

1.1.5.1. **Region 1:** Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, and Washington Counties.

- 1.1.5.2.      **Region 2:** Anderson, Blount, Campbell, Claiborne, Cocke, Grainger, Jefferson, Hamblen, Knox, Loudon, Monroe, Morgan, Roane, Scott, Sevier, and Union Counties.
- 1.1.5.3.      **Region 3:** Bledsoe, Bradley, Clay, Cumberland, DeKalb, Fentress, Grundy, Hamilton, Jackson, Macon, Marion, McMinn, Meigs, Overton, Pickett, Polk, Putnam, Rhea, Sequatchie, Smith, Van Buren, Warren, and White Counties.
- 1.1.5.4.      **Region 4:** Davidson County.
- 1.1.5.5.      **Region 5:** Bedford, Cannon, Cheatham, Coffee, Dickson, Franklin, Giles, Hickman, Houston, Humphreys, Lawrence, Lewis, Lincoln, Maury, Marshall, Montgomery, Moore, Perry, Robertson, Rutherford, Stewart, Sumner, Trousdale, Wayne, Williamson, and Wilson Counties.
- 1.1.5.6.      **Region 6:** Benton, Carroll, Chester, Crockett, Decatur, Dyer, Fayette, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Lake, Lauderdale, Madison, McNairy, Obion, Tipton, and Weakley Counties.
- 1.1.5.7.      **Region 7:** Shelby County.

## **1.2.      Timelines and Definition of "Due By"**

January 13, 2012	TDMH releases Announcement of Funding
January 17, 2012	Proposers' Written Questions Regarding the Announcement are due by 4:00 PM Central Time (CT)
January 20, 2012	Proposal Information Session at 10:00 AM CT
January 25, 2012	Proposers' Written Questions Arising after the Proposal Information Session are due by 12:00 PM CT
January 31, 2012	TDMH will issue written responses to questions
February 13, 2012	Proposals are due by 4:00 PM CT
March 15, 2012	TDMH Makes Announcement of Accepted Proposals
July 1, 2012	Anticipated Start Date of the Grant Contract

**"Due by" means that the item being requested must be "received by" and "be in the hands of the TDMH (State)" by the stated date and time. "Due by" does not mean "postmarked by". For submission of proposals, see Section 1.9. for additional information.**

### **1.3. Proposer and Proposal Eligibility**

- 1.3.1. If unsure of eligibility, contact Linda McCorkle at linda.mccorkle@tn.gov. **Questions specific to eligibility for this Announcement may be asked, in writing, at any time.** Electronic mail (e-mail) is permitted for the submission of eligibility-related questions. All other questions and requests for clarification shall be handled as explained in Section 1.7. Written responses to eligibility questions will be sent within three (3) business days of receipt of the written question.
- 1.3.2. Proposer Eligibility. The following types of entities are eligible to submit a proposal, unless prohibited under Section 1.3.3.:
- 1.3.2.1. A non-profit 501(c)(3) entity registered in the State of Tennessee.
  - 1.3.2.2. A governmental agency doing business in the State of Tennessee.
- 1.3.3. A Proposer, for purposes of this Announcement, must **not** be (and the State will **not** enter into a Grant Contract with):
- 1.3.3.1. An entity which employs an individual who is, or within the past six (6) months has been, an employee or official of the State of Tennessee in a position that would allow the direct or indirect use or disclosure of information, which was obtained through or in connection with his or her employment and not made available to the general public, for the purpose of furthering the private interest or personal profit of any person; or,
  - 1.3.3.2. Any individual or entity involved in assisting the State in the development, formulation, or drafting of this Announcement or the State Grant Contract's Scope of Services (such person or entity being deemed by the State as having information that would afford an unfair advantage over other Proposers); or
  - 1.3.3.3. For the purposes of applying the requirements of this Section, the State will deem an individual to be an employee or official of the State of Tennessee until such time as all compensation for salary, termination pay, and annual leave has been paid.
- 1.3.4. Proposal Eligibility. Eligible proposals **must**:
- 1.3.4.1. Provide detailed information about the entity submitting the proposal;
  - 1.3.4.2. Identify partnerships with multiple community providers (i.e., licensed alcohol and drug abuse treatment providers, recovery support providers, local health departments);

- 1.3.4.3. Demonstrate experience in, or plans for, the identification of leveraging opportunities to obtain additional resources within the community; and
- 1.3.4.4. Be complete and comply with all requirements of this Announcement. **Incomplete proposals or proposals that have not adhered to the requirements shall not be reviewed.**

#### **1.4. State Amendments to this Announcement**

The State reserves the right to amend this Announcement at any time. In the event the State decides to amend, add to, or delete any part of this Announcement, a written amendment will be posted on the State's website and notice of the posting will be distributed via the electronic mail (e-mail) mailing list described in Section 1.7.2.

#### **1.5. State Cancellation of this Announcement**

The State reserves the right to cancel, or to cancel and re-issue, this Announcement. See also Section 1.9.8. In the event such action is taken, notice of such action will be posted on the State's website and notice of the posting will be distributed via the electronic mail (e-mail) mailing list described in Section 1.7.2.

#### **1.6. Proposer Notice of *Intent to Propose***

Creating a Proposer Contact List. The notice of *Intent to Propose* creates no obligation on the Proposer to submit a proposal and is **not a prerequisite** for submitting a proposal. The notice of *Intent to Propose* is recommended for the purpose of collecting electronic mail (e-mail) addresses of those who wish to directly receive any Announcement amendments or other notices and communications related to the Announcement. **There is no due date for the notice of *Intent to Propose*.** To ensure timely receipt of any communications related to the Announcement, it is recommended that Proposers provide contact information (names and e-mail addresses) as soon as possible prior to the Proposal Information Session (see Section 1.8.). Electronic mail (e-mail) **is** permitted for sending the notice of *Intent to Propose* and providing contact information; send an e-mail to linda.mccorkle@tn.gov. In addition to Announcement amendments and other notices being sent via e-mail, Announcement amendments and other notices will be available on the TDMH website. **If** a Proposer wishes to send a more formal *Letter of Intent to Propose*, there is no particular format for such letter, but please indicate in the letter that the Proposer intends to submit a proposal in response to the "HIV EIS Announcement of Funding" and include the name(s) and electronic mail (e-mail) address(es) of the individual(s) who are to be included on the e-mail mailing list to receive information (see Section 1.7.2). The *Letter of Intent to Propose* may be sent via e-mail to linda.mccorkle@tn.gov.

#### **1.7. Communications**

- 1.7.1. Communications – Method of Dispatch. Senders must assume the risk of the method of dispatching any communication (questions, requests for clarification; proposal; and so on). **The State assumes no responsibility for delays or delivery failures resulting from the method of dispatch.** Selection of the method of dispatch is the sole responsibility of the Proposer. Use of regular United States Postal Service (USPS) is **strongly discouraged** but if used, the sender should allow extra time for processing to ensure delivery by the stated date and time. As an alternative, the sender should consider using a delivery system that ensures delivery directly to the intended recipient (express mail; overnight delivery; UPS, FedEx, hand delivery.) **Electronic methods of dispatch are prohibited unless otherwise noted.**
- 1.7.2. Electronic Mail (E-Mail) Mailing List. The State will create an electronic mail (e-mail) mailing list to be used for sending communications related to this Announcement. The State intends to include all Tennessee licensed alcohol and drug abuse entities on the e-mail mailing list. Announcement amendments and other notices will also be available at the TDMH website.
- 1.7.3. Questions and Requests for Clarification - Prior to the Proposal Information Session. To be fair to everyone interested in proposing, questions and requests for clarification regarding this Announcement must be submitted in writing on or before 4:00 PM CT on January 17, 2012 to linda.mccorkle@tn.gov in order to be answered at the Proposal Information Session described in Section 1.8. **See Section 1.7.1. regarding method of dispatch.** Electronic mail (e-mail) **is** permitted for the submission of written questions and requests for clarification regarding this Announcement. Written responses to any questions and requests for clarification regarding this Announcement will be posted to the State's website and notice of posting will be distributed via the e-mail mailing list described in Section 1.7.2.
- 1.7.4. Questions and Requests for Clarification – At and After the Proposal Information Session. To be fair to everyone interested in proposing, questions and requests for clarification arising **at** the Proposal Information Session will be written down by the State at the Proposal Information Session and will be answered in writing by January 25, 2012. Questions and requests for clarification arising **after** the Proposal Information Session must be submitted in writing by 12:00 PM CT on January 25, 2012, to linda.mccorkle@tn.gov, and will be answered in writing by January 31, 2012. **See section 1.7.1. regarding method of dispatch.** Electronic mail (e-mail) **is** permitted for the submission of written questions and requests for clarification regarding this Announcement. Written responses to questions and requests for clarification regarding this Announcement will be posted to the State's website and notice of posting will be distributed via the e-mail mailing list described in Sections 1.7.2.
- 1.7.5. State's Written Responses and Communications are Binding. Only the State's official, written responses and communications will be binding with regard to this Announcement.

The State will consider oral communications of any type to be **unofficial** and **non-binding**.

## **1.8. Proposal Information Session**

Proposers are encouraged to attend the Proposal Information Session via teleconference scheduled for Friday, January 20, 2012 from 10:00 PM until 11:30 PM Central Time by calling 253-1857 (local) or 1-877-278-0081 (toll-free). **No makeup sessions will be provided.** It is recommended that Proposers fully review the Announcement prior to the Proposal Information Session in order to determine those sections needing further clarification. Written responses to questions and requests for clarification received in accordance with Section 1.7.3. will be posted on the State's website and notice of posting will be distributed via the e-mail mailing list described in Section 1.7.2. The written responses will be available at the State's (TDMH's) Website the morning of the Proposal Information Session. For questions and requests for clarification arising at and after the Proposal Information Session, see Section 1.7.4.

## **1.9. Proposal Preparation, Proposal Formatting Requirements, Proposal Submission, and Proposal Withdrawal**

1.9.1. Proposer's Preparation of Proposal. The Proposer accepts full responsibility for all costs incurred in the preparation, submission, and other activities undertaken by the Proposer associated with the proposal.

1.9.2. Proposal Formatting Requirements. The State's goal to review all proposals submitted must be balanced against the obligation to ensure equitable treatment of all proposals. For this reason, formatting requirements have been established for proposals. **Failure to adhere to these requirements shall result in the proposal not being reviewed.**

1.9.2.1. Proposals must be received by the deadline.

1.9.2.2. Information provided must be sufficient for review.

1.9.2.3. Text must be legible.

1.9.2.4. Proposals must be written in English.

1.9.2.5. Proposal pages must be typed in black ink, single-spaced, in Times New Roman font, size twelve (12), with all margins (left, right, top, bottom) one inch (1") each. The one inch (1") margin requirement does **not** apply when preparing the worksheets (Attachments B-C).

1.9.2.6. Pages should not have printing on both sides.

1.9.2.7. Proposal paper must be white and eight and one-half inches by eleven inches (8.5" x 11") in size.



- 1.9.2.8. Proposals must adhere to page and line limits where noted.
- 1.9.2.9. Worksheets (Attachments B-C) must be used and the format cannot be altered.
- 1.9.2.10. To facilitate review and processing of the proposal, all pages must be numbered, beginning with the Cover Sheet. Assemble the proposal in the following order:

**Transmittal Letter (signed in ink by authorized representative)**  
**Cover Sheet (Attachment A)**  
**Table of Contents**  
**Proposal Narrative**  
**Job Description Worksheet and Organizational Chart(s)**  
**(Attachment B)**  
**Proposed Budget and Budget Justification Worksheets**  
**(Attachment C)**

- 1.9.2.11. All proposal pages must include a header with Proposer Name and Page Number.
  - 1.9.2.12. Send the original proposal and three (3) copies to the mailing address listed in Section 1.9.4. Do not use staples, paper clips, and fasteners. Nothing should be attached, stapled, folded, or pasted. However, you may use colored paper, rubber bands, or folders to separate the copies. Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments such as posters will not be copied and sent to reviewers. Do not include videotapes, audiotapes, compact disks (CDs), digital video disks (DVDs), flash drives, or other similar media formats.
- 1.9.3. Proposal Submission – Method of Dispatch. Senders must assume the risk of the method of dispatching any communication (questions, requests for clarification; proposal; and so on). **The State assumes no responsibility for delays or delivery failures resulting from the method of dispatch.** Selection of the method of dispatch is the sole responsibility of the Proposer. Use of regular United States Postal Service (USPS) is **strongly discouraged** but if used, the sender should allow extra time for processing to ensure delivery by the stated date and time. As an alternative, the sender should consider using a delivery system that ensures delivery directly to the intended recipient (express mail; overnight delivery; UPS, FedEx, hand delivery.) **Electronic methods of dispatch are prohibited unless otherwise noted.**
- 1.9.4. The proposal must be dispatched (see Section 1.9.3.) to:

Tennessee Department of Mental Health

Division of Alcohol and Drug Abuse Services  
ATTN: HIV EIS Announcement of Funding  
Andrew Johnson Tower, 10<sup>th</sup> Floor  
710 James Robertson Parkway  
Nashville, TN 37243

- 1.9.5. Proposal – Due Date. Proposals must be **received by** the State no later than 4:00 PM CT on February 13, 2012 and meet other submission criteria detailed in this Announcement in order to be eligible for review. **See Section 1.7.1. for method of dispatch.** Proposals will be considered to be “on time” only if they are received on or before the established due date and time. This does **not** mean “postmarked by” the due date and time; rather, it means “received by” and, “in the hands of the TDMH (the State)” by the due date and time. If the proposal is hand delivered, a signed receipt from the State will be given to the delivery person as verification of receipt. Receipt of proposals submitted using a mail delivery service will be provided via e-mail.
- 1.9.6. Late proposals will **not** be reviewed.
- 1.9.7. Proposers may only submit **one (1)** proposal. The submission of multiple proposals from the same Proposer may result in the Proposer’s disqualification.
- 1.9.8. State’s Right to Reject Proposals. The State reserves the right to reject, in whole or in part, any or all proposals; to advertise for new proposals; to arrange to perform the services herein; to abandon the need for such services; and to cancel this Announcement if it is in the best interests of the State. See also Section 1.5. In the event such action is taken, notice of such action will be posted on the State’s website and notice of the posting will be distributed via the electronic mail (e-mail) mailing list described in Section 1.7.2.
- 1.9.9. Proposal Withdrawal. Proposals submitted prior to the due date may be withdrawn, modified, and resubmitted by the Proposer so long as any resubmission is made in accordance with all requirements of this Announcement.
- 1.10. Proposal Review, Selection, Components, and Scoring**
- 1.10.1. No Obligation of State. This Announcement and the Grantee selection processes do not obligate the State and do not create rights, interests, or claims of entitlement in either the Proposer with the apparent best-evaluated proposal or any other Proposer.
- 1.10.2. Proposal Review. Eligible proposals received by the deadline will be screened to determine technical compliance and completion. **Incomplete and noncompliant proposals will not be reviewed.** Proposers submitting incomplete or noncompliant proposals will be notified. Proposals found to be in compliance with all requirements, complete, and in the approved format will be submitted for review.

1.10.3. Proposal Selection. The State recognizes the need to ensure that funding provided for HIV EIS provides maximum benefit to the citizens of Tennessee. Therefore, preference will be given to proposals that:

- 1.10.3.1. Meet the Proposal Eligibility criteria outlined in Section 1.3.4.;
- 1.10.3.2. Provide detailed information about the entity submitting the proposal; and
- 1.10.3.3. Demonstrate experience in, or plans for, the identification of leveraging opportunities to obtain additional resources within the community.

1.10.4. Proposal Components. There are six (6) Proposal Components:

- 1.10.4.1. **Transmittal Letter (signed in ink by authorized representative)**  
Include authorized signature(s)
- 1.10.4.2. **Cover Sheet (Attachment A)**  
Include authorized signature(s)
- 1.10.4.3. **Table of Contents**  
Include page numbers for each of the major sections, beginning with the Proposal Narrative, and for each attachment of the proposal.
- 1.10.4.4. **Proposal Narrative**  
The Proposal Narrative consists of Subsections 2.1. through 2.8.  
Together, the Proposal Narrative **may not exceed ten (10) pages**. This limit does **not** include worksheets (Attachments B-C). Total point allocation includes the score for worksheets.
- 1.10.4.5. **Job Description Worksheet and Organizational Chart(s) (Attachment B)**
  - 1.10.4.5.1. For each position identified in the project budget, provide a one (1) page job description that includes position name; reporting structure; duties; responsibilities; and qualifications. The form being provided may be used or provide an entity job description with the requested information. All information in Attachment B **must** be included.
  - 1.10.4.5.2. Provide an organizational chart for the entity submitting the proposal, demonstrating where staff and their supervisors fit within the overall structural organization of the entity submitting the proposal.

1.10.4.6. **Proposed Budget and Budget Justification Worksheets (Attachment C)**

An appropriate and realistic budget must be submitted complete with budget detail and justification as requested on the worksheets for the period of July 1, 2012 through June 30, 2013.

- 1.10.5. Proposal Scoring. Proposal scoring will be based on the **quality** and **completeness** of responses to the Proposal components (see Section 1.10.4.) Each component will be allocated a maximum point value that determines a range within which reviewers will assign specific points. Proposals may receive a maximum score of eighty-five (85). A minimum average score of fifty (50) or greater is required for the proposal to be considered for funding. Proposals scoring less than the minimum average score will **not** be funded.

**1.11. State of Tennessee Grant Contract Provisions**

- 1.11.1. Scope of Services and Rights of State. See Attachment D for the Intended Scope of Services, which is Section A. of a State of Tennessee Grant Contract. Please note that the State of Tennessee reserves the right to make any changes deemed necessary before issuing the final Grant Contract. The State of Tennessee also reserves the right not to issue any Grant Contracts in response to this Announcement.
- 1.11.2. Commencement of State Obligations. State obligations pursuant to a Grant Contract shall commence only after the Grant Contract is signed by the State and the Grantee and after the Grant Contract is approved by all other Tennessee officials in accordance with applicable laws and regulations.
- 1.11.3. Consideration of Past Performance. Prior to the execution of any Grant Contract, the State reserves the right to consider past performance under other Tennessee contracts.
- 1.11.4. Some Requirements of a State of Tennessee Grant Contract. Entities entering into a Grant Contract under this Announcement will be required to, among other things that will be contained in the Grant Contract:
- 1.11.4.1. Provide data and participate in information exchange through the State's data system as indicated in the Intended Scopes of Services and upon request;
  - 1.11.4.2. Implement and maintain written organized policies and procedures; and create and maintain a written Policies and Procedures Manual, if such a manual does not already exist; and
  - 1.11.4.3. Participate in State-sponsored workgroup meetings and activities.

## 2. PROPOSAL NARRATIVE

Proposals must include completed worksheets of this Announcement. Proposals must also include responses to all questions or statements in Sections 2.1. through 2.8. **Failure to complete any worksheets (Attachments A, B, and C) or respond to every question or statement in each category of this Section shall result in the proposal not being reviewed.** Responses should fully address all applicable items and be numbered for clarity. Together, the Proposal Narrative **may not exceed ten (10) pages.**

- 2.1. Describe the Proposing entity's type of business, including the licenses and accreditations that are currently maintained. The Proposing entity must be a 501(c)(3) organization registered in the State of Tennessee or a governmental agency doing business in the State of Tennessee and submit proof thereof.
- 2.2. State the Proposing entity's philosophy and/or goals related to HIV Early Intervention Services.
- 2.3. Describe the current type of HIV Early Intervention Services offered and length of time these services have been offered for individuals with a substance use or co-occurring disorder.
- 2.4. Explain the Proposing entity's ability and plan to provide Oral Rapid HIV testing to individuals, including pre- and post-test counseling and the number of individuals to be tested.
- 2.5. Explain the Proposing entity's ability and plan to conduct HIV Early Intervention Services education to groups, including staff training in the "Fundamentals of HIV Prevention Counseling" and the number of individuals to be served.
- 2.6. Explain the Proposing entity's ability and plan to conduct Short-term Counseling Services to individuals and/or families and the number of individuals to be served.
- 2.7. Describe the Proposing entity's safety procedures and security measures utilized to ensure the safety of staff, individuals, and the community.
- 2.8. Identify partnerships with multiple community providers (i.e., licensed alcohol and drug abuse treatment providers, recovery support providers, local health departments, and others).

### 3. PROPOSAL CHECKLIST

#### 3.1. Technical Requirements

- ☐ Written in English
- ☐ Typed in black ink, single-spaced of standard eight and one-half inch by eleven inch (8.5" x 11") paper
- ☐ Typed in Times New Roman font, size twelve (12)
- ☐ All margins (left, right, top, bottom) are one inch (1") each. The margin requirement is **not** applicable to the Attachments.
- ☐ Adhered to page and line limits
- ☐ Pages are sequentially numbered including all attachments
- ☐ Page header includes the Proposer Name and Page Number
- ☐ Responded to each criterion listed in this Announcement in the order requested
- ☐ Signed in ink by an authorized representative of the Proposer submitting the proposal
- ☐ Assembled the proposal in the order described in Section 1.9.2.10.
- ☐ No binder clips or paperclips have been used; no stapling or binding has been used
- ☐ Submitted one (1) original print copy and three (3) print copies of the original

### 3.2. Proposal Order

Use the table below to ensure all requested information is included in the proposal. In addition, proposal materials should follow the order denoted below. **Incomplete proposals will not be reviewed.**

<b>Proposal Component</b>	<b>Maximum Page Limit (where applicable)</b>	<b>Checklist</b>
Transmittal Letter (signed in ink by authorized representative)	As needed to fulfill the requirement	
Cover Sheet (Attachment A)	As needed to fulfill the requirement	
Table of Contents	As needed to fulfill the requirement	
Proposal Narrative	Ten (10)	
Job Descriptions and Organization Chart(s) (Attachment B)	As needed to fulfill the requirement	
Proposed Budget and Budget Justification Worksheets (Attachment C)	As needed to fulfill the requirement	

**Attachment A**  
**COVER SHEET**  
**Page 1 of 1**

1. Legal Name of Grantee (to be used in Grant Contract):
2. Federal ID Number:
3. Edison Vendor Number:
4. Contact Information (fill in the table below):

	<b>Name</b>	<b>Phone Number</b>	<b>Cell Number</b>	<b>Fax Number</b>	<b>Email Address</b>	<b>Mailing Address</b>
<b>Executive Director</b>						
<b>Program Contact</b>						
<b>Fiscal Contact</b>						
<b>Authorized Contract Signer</b>						
<b>Board Chair</b>						

5. Tax Status:

- ☐ Tax Exempt 501(c)(3) organization  
☐ Government tax exempt entity

6. Tennessee Region to be served (Counties in each Region are listed in Section 1.1.5.):

- |                                   |                                   |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Region 1 | <input type="checkbox"/> Region 5 |
| <input type="checkbox"/> Region 2 | <input type="checkbox"/> Region 6 |
| <input type="checkbox"/> Region 3 | <input type="checkbox"/> Region 7 |
| <input type="checkbox"/> Region 4 |                                   |

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date



**Attachment B**  
**JOB DESCRIPTION WORKSHEET AND ORGANIZATIONAL CHART(S)**  
**Page 1 of 2**

**For each position identified in the project budget, provide a job description that includes position name; classification; reporting structure; duties; responsibilities; and qualifications. This form may be used or provide an existing Proposing entity job description with the requested information.**

**POSITION NAME:** \_\_\_\_\_

**POSITION IS SUPERVISED BY:** \_\_\_\_\_  
*(Title of Supervisor)*

**Duties**

**Responsibilities**

**Qualifications**

**Attachment B**  
**JOB DESCRIPTION WORKSHEET AND ORGANIZATIONAL CHART(S)**  
**Page 2 of 2**

Provide an Organizational Chart for the entity submitting the proposal, demonstrating where staff and their supervisors fit within the overall structural organization of the entity submitting the proposal.

**Attachment C**  
**PROPOSED BUDGET AND BUDGET JUSTIFICATION WORKSHEETS**  
**Page 1 of 4**

**PROPOSED BUDGET**

**AGENCY:**

**PROGRAM NAME:**

**APPLICABLE PERIOD:** The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2012, and ending June 30, 2013.

POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries	\$	\$	\$
2	Benefits & Taxes	\$	\$	\$
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$	\$	\$
5	Supplies	\$	\$	\$
6	Telephone	\$	\$	\$
7	Postage & Shipping	\$	\$	\$
8	Occupancy	\$	\$	\$
9	Equipment Rental & Maintenance	\$	\$	\$
10	Printing & Publications	\$	\$	\$
11, 12	Travel/ Conferences & Meetings	\$	\$	\$
13	Interest <sup>2</sup>	\$	\$	\$
14	Insurance	\$	\$	\$
16	Specific Assistance To Individuals	\$	\$	\$
17	Depreciation <sup>2</sup>	\$	\$	\$
18	Other Non-Personnel <sup>2</sup>	\$	\$	\$
20	Capital Purchase <sup>2</sup>	\$	\$	\$
22	Indirect Cost	\$	\$	\$
24	In-Kind Expense	\$	\$	\$
25	<b>GRAND TOTAL</b>	\$	\$	\$

<sup>1</sup> Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A*. (posted on the Internet at: [www.state.tn.us/finance/rds/ocr/policy03.pdf](http://www.state.tn.us/finance/rds/ocr/policy03.pdf)).

<sup>2</sup> Applicable detail attached if line-item is funded.

**Attachment C**  
**PROPOSED BUDGET AND BUDGET JUSTIFICATION WORKSHEETS**  
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**Budget Detail and Justification for Proposed Budget**

**Period: July 1, 2012 through June 30, 2013**

**A. Salaries and Benefits and Taxes:**

- a. Salaries - expenditures for compensation, fees, salaries, and wages paid to officers, directors, trustees, and employees.
- b. Benefits and Taxes- (a) expenditures for contributions to pension plans and to employee benefit programs such as health, life, and disability insurance: and (b) expenditures for payroll taxes such as social security and Medicare taxes and unemployment and workers' compensation insurance.

Position Title	Name (if known)	Actual Salary	Salary Allocated for Program	Benefits as a Percentage of Salary	Benefits Allocated for Program
		\$	\$		\$
		\$	\$		\$
<b>Totals</b>		\$	\$		\$

**JUSTIFICATION:** Describe the role and responsibilities of each position.

**B. Professional Fee/ Grant and Award:** Expenditures for fees to outside professionals, consultants, and personal service contractors including legal, accounting and auditing fees.

Name	Service to be provided	Rate	Effort	Cost
				\$
				\$
			<b>Total</b>	\$

**JUSTIFICATION:** Explain the need for each expenditure and they relate to the overall project.

**C. Supplies:** Expenditures for office supplies, housekeeping supplies, food and beverages, and other supplies. Materials costing less than \$5,000 per unit and often having one-time use.

Item(s)	Rate	Cost
		\$
		\$
		\$
		\$
	<b>Total</b>	\$

**JUSTIFICATION:** Describe the need and include explanation of how costs were estimated.

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**PROPOSED BUDGET AND BUDGET JUSTIFICATION WORKSHEETS**  
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- D. Equipment Rental and Maintenance:** Expenditures for renting and maintaining computers, copiers, postage meters, and other office equipment, and other equipment, except telephone, truck and automobile expenses.

Equipment Description	Unit Rate	Cost
	\$	\$
	<b>Total</b>	\$

**JUSTIFICATION:** Describe the need and include explanation of how costs were estimated.

- E. Travel/ Conferences and Meetings:** Expenditures for transportation, meals, and lodging, per diem payments including travel expenses for meetings and conferences, gas and oil, repairs, licenses and permits, and leasing costs for vehicles, and expenditures for conducting or attending meetings, conferences, and conventions including rental of facilities, speakers' fees and expenses, printed materials, and registration fees.

Purpose of Travel	Location	Item	Rate	Cost
				\$
				\$
				\$
				\$
			<b>Total</b>	\$

**JUSTIFICATION:** Describe the purpose of travel and how costs were determined.

- F. Other Non-Personnel:** Note: expenses reported on budget line 1- 17 should not be included on this line. Allowable expenditures are advertising, bad debts, contingency provisions, fines and penalties, independent research and development, organization, page changes in professional journals, rearrangement and alteration, recruiting, taxes, membership dues in association and professional societies, and fees for the organization's licenses, permits, and registration.

Expense Description	Cost
	\$
	\$
<b>Total</b>	\$

**JUSTIFICATION:** Describe the need and include explanation of how costs were estimated.

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**PROPOSED BUDGET AND BUDGET JUSTIFICATION WORKSHEETS**  
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**G. Indirect Cost: (a.k.a. Administrative Expense)** proportional amount in accordance with an allocation plan approved by the cognizant state agency.

<b>Indirect Cost Rate</b>	<b>Cost</b>
	<b>\$</b>

**Attachment D**  
**INTENDED SCOPE OF SERVICES**  
**HIV Early Intervention Services**  
**Page 1 of 3**

**A. SCOPE OF SERVICES:**

A.1. The Grantee shall provide all services and deliverables as required, described, and detailed herein and shall meet all service and delivery timelines as specified by this Grant Contract.

A.2. Service Definitions:

a. The Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) Early Intervention Services Program (EISP) is a multi-purpose program designed to: 1) prevent individuals from becoming infected with and/or transmitting HIV; 2) make early intervention services for HIV/AIDS available to individuals in alcohol and drug abuse treatment and recovery support programs; and 3) identify and refer individuals needing social and medical services for HIV/AIDS to the appropriate services.

b. The HIV/AIDS EISP services include:

- (1) Short-term counseling services to individuals and/or families;
- (2) Educational activities to groups;
- (3) Oral Rapid HIV testing to individuals, including pre- and post-test counseling;
- (4) Ongoing training activities to increase the knowledge of HIV and AIDS for professional staff at each alcohol and drug abuse treatment service provider and recovery support provider in the Grantee's region; and
- (5) Training of service recipients from alcohol and drug abuse treatment service and recovery support service providers in the Grantee's region using information gathered in the course entitled "The Fundamentals of HIV Prevention Counseling", or the most current successive training course endorsed by the United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC).

A.3. Service Recipients:

Service recipients include individuals at risk for contracting and/or transmitting HIV/AIDS including those in alcohol and drug abuse treatment programs and recovery support programs with substance abuse and addiction disorders, their families, and alcohol and drug treatment professionals.

A.4. Service Goals:

- a. To increase the number of individuals identified who are at risk for contracting and/or transmitting HIV/AIDS.
- b. To prevent individuals from becoming infected with and/or transmitting HIV/AIDS.
- c. To increase the knowledge of HIV/AIDS to those persons who are at risk and their families.

**Attachment D**  
**INTENDED SCOPE OF SERVICES**  
**HIV Early Intervention Services**  
**Page 2 of 3**

- d. To make early intervention services for HIV/AIDS available to individuals in alcohol and drug abuse treatment and recovery support programs, and identify and refer individuals needing social and medical services for HIV/AIDS to the appropriate services.
- e. To increase the knowledge and skills of alcohol and drug treatment professionals regarding HIV/AIDS.
- f. To continually assess the needs of alcohol and drug abuse treatment and recovery support programs and coordinate liaison and service delivery for potential service recipients.

**A.5. Structure:**

- a. The Grantee shall be structured and organizationally linked to a governing body as prescribed by the State.
- b. The Grantee shall develop, implement, and maintain written organized policies and procedures; and create and maintain a written Policies and Procedures Manual. The Policies and Procedures Manual shall be available upon request of the State
- c. The Grantee shall designate an HIV/AIDS Early Intervention Coordinator to have overall responsibility for the HIV/AIDS EISP.
- d. The Grantee agrees to meet and comply with all licensure requirements (facility and personnel) and reporting requirements adopted by the State; and state and federal laws, rules, and regulations governing alcohol and drug prevention or treatment programs funded in whole or in part under this Grant Contract. Proof of licensure and credentials shall be submitted upon request of the State.
- e. The Grantee shall utilize a behavioral change counseling model to include but not be limited to the following:
  - (1) Communication of HIV/AIDS threat;
  - (2) Behavioral skills training; and
  - (3) Risk reduction counseling.
- f. The Grantee shall have a designated staff person trained in "The Fundamentals of HIV Prevention Counseling" training. This training is for trainers who shall then train others using information obtained at this training as described in Sections A.2.b.(4) and A.2.b.(5).

**A.6. Process:**

- a. The Grantee shall participate in the planning and coordination of program implementation, service delivery, and assessment of need in coordination with the State.
- b. The Grantee shall make continuing education available to alcohol and drug abuse treatment, recovery support and prevention services employees in the areas of treatment



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**INTENDED SCOPE OF SERVICES**  
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services and activities, recovery support services and activities, prevention services and activities, or all three.

- c. The Grantee shall submit a quarterly HIV/AIDS EISP progress report on the fifteenth (15th) of the month following the end of each quarter. It is expressly understood and agreed the obligations set forth in this section shall survive the termination of this Grant Contract as specifically indicated herein.

**A.7. Outcome – Access:**

Services in the HIV/AIDS EISP are for individuals at risk for contracting and/or transmitting HIV/AIDS, including those with substance abuse and addiction disorders, their families, and alcohol and drug professionals.

**A. 8. Outcome – Effectiveness:**

Eighty percent (80%) of service recipients who complete the pre- and post-test will show an increase in their knowledge about HIV and AIDS.